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DEC 16 2004

Atty. Dkt. No. 073442-0301

[Handwritten mark: 1/21]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Chandler Fulton, et al.

Title: THIAMINASES AND
THIAMINASE GENES FOR
USE IN APOPTOTIC
THERAPIES

Appl. No.: 09/675,509

Appl. Filing Date: 9/29/2000

Examiner: T. Ton

Art Unit: 1632

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
Line Gauthier (Printed Name)	
<i>[Signature]</i> (Signature)	
December 16, 2004 (Date of Deposit)	

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop PETITION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

Enclosed are:

Amendment/Reply.

Petition to Revive.

02/10/2005 CKHLOK 00000021 500872 09675509

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The filing fee is calculated below:

	Claims as Amended	Paid For	Previo usly Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):					\$790.00	<u>\$790.00</u>
Total Claims:	18	-	31	= 0	x \$50.00	<u>\$0.00</u>
Independents	7	-	7	= 0	x \$200.00	<u>\$0.00</u>
First presentation of any Multiple Dependent Claims:				+ \$360.00	=	<u>\$0.00</u>
				CLAIMS FEE TOTAL:	=	<u>\$790.00</u>
				EXTENSION FEE TOTAL	=	<u>\$0.00</u>
				CLAIM AND EXTENSION FEE TOTAL:	=	<u>\$0.00</u>
				PETITION TO REVIVE:	=	<u>\$1,500.00</u>
				Small Entity Fees Apply (subtract ½ of above):	=	<u>\$1,145.00</u>
				TOTAL FEE:	=	<u>\$1,145.00</u>

[X] Please charge Deposit Account No. 50-0872 in the amount of \$1,145.00. A duplicate copy of this transmittal is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount; unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Atty. Dkt. No. 073442-0301

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By 

Date December 16, 2004

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